

## **APPLICATION FOR EMPLOYMENT**

Date of Application \_\_\_\_\_ Availability Date\_\_\_\_\_ Position applied for\_\_\_\_\_

Wellons Construction, Inc. is an Equal Opportunity employer and affords equal opportunity to all applicants for all positions without consideration of race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Print Full Name			
Address			
Street	City	State	Zip Code
Home Phone	Cell Phone		
Email			
Best time to call?am/pm May we conta	act you at work? Yes No	Phone	
Are you 18 years of age or older? Yes No	Birthdate		
Social Security #	-		
Only U.S. Citizens or Aliens who have a legal right upon employment, provide genuine documentation employed in the United States? Yes No			•
Have you worked for us before? Yes No	If yes, when		
Have you ever applied for a job with Wellons Con	struction? YesNo If ye	es, when	
Have you ever been convicted of a crime? Yes	_ No If yes, when and expla	in	
A "yes" answer will not automatically disqualify you from employment. W for the job-related purposes only, and only to the extent permitted by applic		and the job for whic	h you are applying
Are you willing and able to travel distance when je	bb requires?	Yes	No
Are you willing and able to work Saturdays when	the job requires?	Yes	No
Are you willing to work overtime if needed?		Yes	No
Drivers' License Number & State	Driver's Licens	se Class A	B C
Is your license valid and current? Yes No			
Is your license a CDL? Yes No If	yes, list any endorsements		
If the job requires applicant to drive our vehicles r	nay we run a Motor Vehicle Rec	ord? Yes	s No

Education					
Education	Name of School	Years Completed	Degree Received	Subject(s) Studied	
High School					
_					
College or					
University					
Trade School					
Other (Explain)					

**Employment History** Include your last 3 employers, including periods of unemployment, starting with your most recent employer.

From Month/Year	To Month/ Year	Employer Name and Address	Telephone
			May we contact: Y N
Job Title		Describe Work Performed	
Supervisor's Nar	ne/Title	Reason for leaving	Hourly Rate/Salary

From Month/Year	To Month/ Year	Employer Name and Address	Telephone
			May we contact: Y N
Job Title		Describe Work Performed	
Supervisor's Nar	ne/Title	Reason for leaving	Hourly Rate/Salary

From Month/Year	r J		Telephone
			May we contact: Y N
Job Title		Describe Work Performed	
Supervisor's Nat	ne/Title	Reason for leaving	Hourly Rate/Salary

Have you ever been discharged from employment or asked to resign? Yes\_\_\_No\_\_\_\_ If yes please explain:

## **Personal References**

Name	Relationship to you	Years Known	Phone Number

List names of relatives and/or friends working for us:\_\_\_\_\_

Are you aware of any condition or injury that may impair or limit your ability wot work? Yes No					
Past injuries or surgery we should be aware of? Yes No If yes please list					
Are you presently under any medical treatment? Yes No If yes please list condition(s)					

## List of Experience

Please complete the following by placing and X in the column that closest describes your experience (mark all that apply). Add any comments to further describe your experiences.

TI J, AND J	No Skill	Semi-Skilled	Skilled	Comments
	Interested/willing to learn	Still need direction	Minimal direction needed	
Supervision Other				
Employees				
Administrative/Clerical				
Work				
General Labor-Pipe				
Pipe Laying				
General Labor-Grade				
Welding/Cutting				
Heavy Equipment				
Mechanic				
Service Truck				
Dump Truck				
Low-Boy Truck &				
Trailer				
Equipment Operating:				
Roller				
Off-Road Truck				
Scraper				
Backhoe				
Rubber-Tire Loader				
Track Loader				
Trackhoe (Pipe Work)				
Trackhoe (Grading)				
Bull Dozer				
Motorgrader				